

U.S. MISSION VIETNAM APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM (PUBLIC AFFAIRS SECTION)

	FULL NAME: LAST (SURNAME) FIRST MIDDLE
F	PRESENT ADDRESS AND TELEPHONE NUMBER (E-Mail, if available):
(Cell phone No.:
	Do you have any relatives that work for the Embassy/Consulate: If yes, please list name, department where they work and how long they have been employed?
(CURRENT CITIZENSHIP:
Į	U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YESNO
F	UNIVERSITY/SCHOOL/EDUCATION INSTITUTION: For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Use continuation sheets as necessary.
N	Name and full address of current institution:
N	Name, title and telephone number of instructor:
	Date you started University (Month/Year) Diploma/Degree/Certificate:
Ι	Date you expect to receive your college/university degree Major Field of Study:
	FAMILIARITY WITH PUBLIC AFFAIRS SECTION
F	Have you ever been to the American Center/EducationUSA Advising Center of the Public Affairs
F	Section? Yes No

5 =	= fluent; $3 = good;$	1 = fair;	0 = not at all)	
	<u>LANGUAGE</u>	<u>SPEAK</u>	READ	WRITE	UNDERSTAND
En	glish				
	PECIAL QUALIFICATION St any special skills you pos			ifications, licenses	obtained, etc.
	RAINING RECEIVED: st training received in areas	s applicable to the in	ternship position	in which you are a	pplying.
po	OLUNTEER, EMPLOYN sition and work backwards NAME AND FULL AD	. (Use additional pa	ges if necessary).		
po A. B.	NAME AND FULL AD DATES WORKED (moi	. (Use additional pa DRESS OF EMPLO nth/day/year): FRO	ges if necessary). DYER: M		-
po A.	NAME AND FULL ADD DATES WORKED (mon	. (Use additional pa DRESS OF EMPLO nth/day/year): FRO	ges if necessary). DYER: M	TO	
po A. B. C.	NAME AND FULL ADD DATES WORKED (mon	. (Use additional pa DRESS OF EMPLO nth/day/year): FRO ELEPHONE NUMB	ges if necessary). DYER: M ER OF IMMEDIA	TO ATE SUPERVISO	R:
po A. B. C. D.	NAME AND FULL ADDATES WORKED (mon TITLE OF POSITION:_ NAME, TITLE AND TE	. (Use additional pa DRESS OF EMPLO nth/day/year): FRO ELEPHONE NUMB	ges if necessary). DYER: M ER OF IMMEDIA	TO ATE SUPERVISO	R:
po A. B. C. D.	DATES WORKED (mor TITLE OF POSITION:_ NAME, TITLE AND TE	. (Use additional pa DRESS OF EMPLO nth/day/year): FRO ELEPHONE NUMB	ges if necessary). DYER: M ER OF IMMEDIA fic duties, respons	TOATE SUPERVISO	R: nplishments):
po A. B. C. D. E.	DATES WORKED (mon TITLE OF POSITION:_ NAME, TITLE AND TE DESCRIPTION OF WO NUMBER OF HOURS V	. (Use additional pa DRESS OF EMPLO nth/day/year): FRO ELEPHONE NUMB RK (Describe speci	ges if necessary). DYER: M ER OF IMMEDIA fic duties, respons	TOTOATE SUPERVISO	R: nplishments):

	COMPUTER SKILLS How do you rate your computer skills (please circle):						
5	5 = excellent;	3 = good;	1 = fair;	0 = none			
	List computer progra	ms in which you ha	experience.				
d		regarding your char	acter and suitabil	blood or marriage who a			
1.	NAME	MAILING A		TELEPHONE NUMBER	OCCUPATION		
1.							
2. 3.	WOLLMHIST STONE						
3. 6. Y n I s ii	wou MUST SIGN and understand that any non-consideration or understand that, if I consent to the release chools, law enforcer neestigators and personneestigators and personneestigators.	THIS APPLICATE information I give dismissal of my pa am provisionally so se of information at ment agencies and of	ION. Read the formay be investigated in the elected, an Emba bout my ability arother individuals		nent may be grounds for elected. ification is a prerequisite cogram by employers, assy-authorized		
3. If and a second seco	wou MUST SIGN and understand that any non-consideration or understand that, if I consent to the release chools, law enforcer neestigators and personneestigators and personneestigators.	information I give dismissal of my pa am provisionally see of information abment agencies and cosonnel.	ION. Read the formay be investigated in the elected, an Emba bout my ability arother individuals	ollowing carefully before ted and that a false staten Intern Program, if I am s ssy-required security cert and fitness for the Intern Present organizations to Emb	nent may be grounds for elected. ification is a prerequisite cogram by employers, assy-authorized		

INUATION SHEET: ADDITIONAL INFORMATION (If applicable)					

NTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with your most recent position and ackwards. Duplicate continuation sheets as needed.					
NAME AND FULL ADDRESS OF EMPLOYER:					
DATES WORKED (month/day/year): STARTING FROMTO					
TITLE OF YOUR POSITION:					
SALARY OR EARNINGS (Indicate if per week, month, year, etc.):					
INITIAL SALARY:perFINAL:per					
NAME, TITLE, AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:					
DESCRIPTION OF WORK (Describe specific duties, responsibilities and accomplishments):					
NUMBER OF HOURS WORKED PER WEEK: NUMBER OF EMPLOYEES YOU					
SUPERVISED					
REASON FOR LEAVING					

CONTINUATION SHEET: ADDITIONAL IN	FORMATION (If applicable)
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UNIVERSITY/SCHOLL/EDUATIONAL INST	TITUTTION:
For each institution you have attended, provide the present school and work backwards. Duplicate co	e following information in the space below. Begin with your ontinuation sheets as necessary.
Name and full address of current institution:	
Name, title and telephone number of instructor:	
Dates Attended (Month/ Year)	Diploma/Degree/Certificate:
Date received:	Major Field of Study:

Print Name (Last, First, MI)	ID Number (số chứng minh thư)

Statement of Interest

Write a brief Statement of Interest that describes why you seek an internship with the U.S. Embassy Hanoi. Explain how the academic courses you have taken, and other personal experiences you have had, relate to the Intern Program. Describe any public speaking or MC'ing experience you have and tell us how familiar you are with the American Center's programs and services.

UNITED STATES DEPARTMENT OF STATE GRATUITOUS SERVICE AGREEMENT

Title 5 Section 3111 of the United State Code authorizes federal agencies to establish programs designed to provide educationally related work assignments for students on a nonpayment basis. You will be hired under such a program. According to the law, we may only accept your gratuitous service if the service: (1) is performed by a student, with permission of the institution at which the student is enrolled; (2) is uncompensated; and (3) will not displace any employee.

As a student participating under this program you will not be considered to be a federal employee for any purposes other than injury compensation or laws related to the Tort Claims Act. Your service is not creditable for leave accrual or any other employee benefits.

This arrangement is subject to termination at any time at the discretion of the Mission. Please sign below acknowledging that you understand the terms under which you will be hired.

I understand the terms under which I am being hired, including, without limitation, that I will not be compensated for the services that I provide.

Signature of Intern	Date	
Full name of Intern	-	